

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

SECRETARY OF THE SENATE

Office Use Only
11 OCT 15 7:19:391. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Friends of Senator Carl Levin

ADDRESS (number and street)

PO Box 1857

Check if different
than previously
reported. (ACC)

Detroit

MI

48231

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00088484

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MI

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
07 01 2014M M / D D / Y Y Y Y Y Y
07 01 2014M M / D D / Y Y Y Y Y Y
07 01 2014

through

M M / D D / Y Y Y Y Y Y
09 30 2014M M / D D / Y Y Y Y Y Y
09 30 2014M M / D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tina Stoll

Signature of Treasurer

Tina Stoll

Date

M M / D D / Y Y Y Y Y Y
10 15 2014M M / D D / Y Y Y Y Y Y
10 15 2014M M / D D / Y Y Y Y Y Y
10 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)